



**Department of Health**

**ANDREW M. CUOMO**  
Governor

**HOWARD A. ZUCKER, M.D., J.D.**  
Commissioner

**SALLY DRESLIN, M.S., R.N.**  
Executive Deputy Commissioner

**MOBILE, TRANSPORTABLE, & RELOCATABLE UNITS CERTIFICATION FORM  
FOR  
ARCHITECTS AND ENGINEERS**

Date:  
CON Number:  
Facility Name:  
Facility ID Number:  
Facility Address:

NYS Department of Health/Office of Health Systems Management  
Center for Health Care Facility Planning, Licensure and Finance  
Bureau of Architectural and Engineering Review  
ESP, Corning Tower, 18<sup>th</sup> Floor  
Albany, New York 12237

To The New York State Department of Health:

I hereby certify that:

1. I have been contracted by the applicant to evaluate the site for the above referenced mobile, transportable, or relocatable unit(s) for compliance with applicable codes and regulations that are in effect at the time this application is being submitted.
2. I have ascertained that, to the best of my knowledge, information and belief, the site for the mobile, transportable, or relocatable unit(s) is/are compatible with the functional program for the above referenced project and in accordance with any project definitions, modifications or revisions approved or required by the New York State Department of Health.
3. The site for the referenced mobile, transportation, or relocation unit(s) is/are in compliance with all applicable local codes, statutes, and regulations, and the applicable provisions of Part 5 of the 2010 Guidelines for Design and Construction of Health Facilities, and State Hospital Code -- 10 NYCRR Part 711 (General Standards for Construction) and Parts (check all that apply):
  - a. \_\_\_712 (Standards of Construction for General Hospital Facilities)
  - b. \_\_\_713 (Standards of Construction for Nursing Home Facilities)
  - c. \_\_\_714 (Standards of Construction for Adult Day Health Care Program Facilities)
  - d. \_\_\_715 (Standards of Construction for Freestanding Ambulatory Care Facilities)
  - e. \_\_\_716 (Standards of Construction for Rehabilitation Facilities)
  - f. \_\_\_717 (Standards of Construction for New Hospice Facilities and Units)
  - g. \_\_\_5.1 (2010 Edition, FGI Guideline for Mobile, Transportable, and Relocatable Units)

PLEASE NOTE ANY EXCEPTIONS HERE:

\_\_\_\_\_  
\_\_\_\_\_

4. I understand that if upon evaluation of the site a component is inconsistent with the State Hospital Code (10 NYCRR Parts 711, 712, 713, 714, 715, 716, 717, or 5.1, 5.1-1.3 of Part 5 of the 2010 Guidelines for Design and Construction of Health Facilities), I shall bring this to the attention the Bureau of Architecture and Engineering Review (BAER) of the New York State Department of Health for compliance resolution.
5. I understand that upon completion of evaluation, the costs of any subsequent corrections necessary to achieve compliance with applicable requirements of 10 NYCRR Parts 711, 712, 713, 714, 715, 716, 717, and Part 5, 5.1, 5.1-1.3 of the 2010 Guidelines for Design and Construction of Health Facilities when the prior work was not completed properly as certified herein, may not be considered allowable costs for reimbursement under 10 NYCRR Part 86.

This certification is being submitted to facilitate the CON review approval by your office.

**Project Name:** \_\_\_\_\_

Location: \_\_\_\_\_

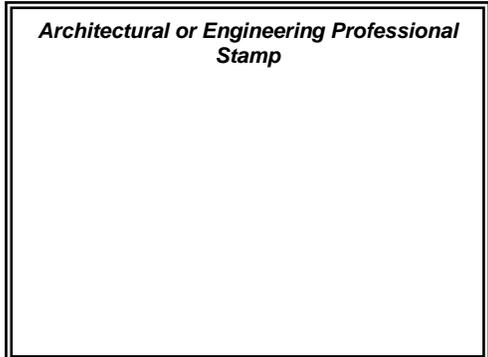
Description: \_\_\_\_\_

\_\_\_\_\_  
Signature of NYS Licensed Architect/Engineer

\_\_\_\_\_  
Name of Architect/Engineer (Print)

\_\_\_\_\_  
Professional New York State License Number

\_\_\_\_\_  
Business Address



The undersigned applicant understands and agrees that, notwithstanding this architectural/engineering certification the Department of Health shall have continuing authority to (a) review the plans submitted herewith and/or inspect the work with regard thereto, and (b) withdraw its approval thereto. The applicant shall have a continuing obligation to make any changes required by the Division to comply with the above-mentioned codes and regulations, whether or not physical plant construction or alterations have been completed.

\_\_\_\_\_  
Authorized Signature for Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (Print) Title

**Notary signing required for the applicant**

**STATE OF NEW YORK**

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) SS:

County of \_\_\_\_\_

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On the \_\_\_\_ day of \_\_\_\_\_ 20\_\_, before me personally appeared \_\_\_\_\_, to me known, who being by me duly sworn, did depose and say that he/she resides at \_\_\_\_\_, that he/she is the \_\_\_\_\_ of the \_\_\_\_\_, the corporation described herein which executed the foregoing instrument; and that he/she signed his/her name thereto by order of the board of directors of said corporation.

(Notary) \_\_\_\_\_